

## REQUEST FOR NEW PURCHASE CARD APPROVING OFFICIAL

DATE:

TO: Georgiann Wilson, A/OPC

FROM:

The following individual is nominated to be a Card Approving Official. (Send to Help, Creditcard for processing.)

	Card Approving Official (CAO)
Name:	
I/C & Expenditure Organization:	
NIH Badge Number:	
Street Address (i.e., 10 Center Dr):	
BLDG/Room Number:	
City/State/Zip Code:	
Phone Number:	
Fax Number:	
E-mail Address:	
Job Title:	
Job Series & Grade (i.e., 1102/10):	
NIH Purchase Card Training Date:	
Green Purchasing Training Date:	
Section 508 Training Date:	
Warrant Value \$ (if applicable):	
<i>FOR INTERNAL USE ONLY</i> Company #: Agent #: Credit Limit (office limit)/Cycle Limit:	

IC Purchase Card Coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Must be at least 18 years of age and an NIH employee

Revised 10/31/07